

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TX	70591	1/30
O.I.P.E. CLASSIFIER		48	2/14/00
FORMALITY REVIEW	CM	71632	3/21/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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